



2019 EVENT / INSURANCE STATEMENT

Non-Road Race Activities (Non-Territorial Clubs) Permit issued by ACU HQ

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, CV21 2YX, Tel: 01788 566400, Fax: 01788 573585 E-mail admin@acu.org.uk

This form, together with the appropriate payment, should be forwarded within **14 days** of the meeting to the ACU at the above address.

Event name / title: Venue:

Club / Organiser: Date of event:

Status of event: Permit No: **ACU**

Type of event:

Motocross	<input type="checkbox"/>	Supercross	<input type="checkbox"/>	Beachcross	<input type="checkbox"/>	Youth MX / BYMX	<input type="checkbox"/>
Grass Track	<input type="checkbox"/>	Sand Race	<input type="checkbox"/>	Enduro	<input type="checkbox"/>	Hare & Hounds	<input type="checkbox"/>
Trial	<input type="checkbox"/>	Arena Trial	<input type="checkbox"/>	Bike Trial	<input type="checkbox"/>	Road Trial	<input type="checkbox"/>
Test Day	<input type="checkbox"/>	Other (please state):					

Duration of event: day(s)	Number of signed-on Officials:
Riders aged 16 years and over:	@ £ £
Passengers aged 16 years and over:	@ £ £
Riders aged under 16 years:	@ £ £
Passengers aged under 16 years:	@ £ £
Trials Riders Assistants (see notes):	@ £ £

LESS 1.5% EXPENSES: £

Foreign riders and passengers with Start Permission and evidence of FIM cover: @ £ £

(foreign riders with official start permission from their FMN (including MCUI) pay normal per capita rates)

Contractual Liability cover beyond policy limits: £

INSURANCE TOTAL: £

CLAIMS CONTINGENCY & LEGAL EXPENSES FUND @ **50p** £

Total number of adult and youth riders and passengers:

TRIALS ONLY - Trials Subscription Fee (Levy) @ **£ 2.00** £

Total number of adult and youth riders and passengers:

TOTAL PAYMENT: (Cheque to be made payable to ACU Ltd) £

AUTHORISATION (to be signed by Secretary of the Meeting and a Steward of the Meeting)

Secretary of the Meeting: Signature: Date:

Address:

Details confirmed as correct by Steward: -

Steward: Signature: Date:

office

If paying by Bank transfer, our bank details are: Sort Code No: 30-97-17 Account No: 00665774 Tick

If payment is to be taken using a credit / debit card, please enter details:

Card number:

Expiry date: Issue no: date: Last 3 digits on signature panel:

Billing Address - First Line Town Post Code

Cardholder's name: Cardholder's signature: